



State of Rhode Island and Providence Plantations
Division of Motor Vehicles
Dealers License and Regulations Office
100 Main Street, Pawtucket, RI 02860
Phone#: 401-462-5732 - Fax #: 401-462-5718

INSTRUCTIONS FOR YOUR MANUFACTURER AND FACTORY REPRESENTATIVES LICENSES

ALL OF THE FOLLOWING DOCUMENTS MUST BE COMPLETED IN FULL AND SUBMITTED TO THIS OFFICE IN COMPLETE FORM OR THE APPLICATION WILL BE RETURNED.

1. APPLICATION MUST BE COMPLETED IN FULL, SIGNED BY A CORPORATE OFFICER, PARTNER, SOLE-OWNER OR AUTHORIZED AGENT AND NOTARIZED.
2. COVER LETTER ON A LETTER HEAD STATING THE COMPANY'S NAME AND ADDRESS REQUESTING A MANUFACTURER LICENSE
3. APPLICATION FOR MANUFACTURER
4. APPLICATION FOR FACTORY REPRESENTATIVE
5. DEALER AGREEMENT (AGREEMENT LETTER WITH DEALERSHIP IN RHODE ISLAND) AND A FRANCHISE LETTER ON A LETTER-HEAD
6. LIST NAME AND ADDRESS OF RHODE ISLAND DEALERSHIPS AUTHORIZED TO SELL YOUR PRODUCT. (SEPARATE LIST FOR EACH FRANCHISE/DIVISION) IF ANY CHANGES DURING THE YEAR YOU MUST INFORM THIS OFFICE IN WRITING AND PROVIDE A LETTER OF INTENT AND AGREEMENT LETTER WITH EVERY NEW DEALERSHIP YOU WILL BE SELLING YOUR PRODUCT IN RHODE ISLAND
7. BROCHURES OF THE PRODUCT YOU ARE SELLING IN THE STATE OF RHODE ISLAND
8. CHECK OR MONEY ORDER MADE PAYABLE TO: "DEALERS' LICENSE & REGULATIONS OFFICE"
\$ 20150 - EACH MANUFACTURER
\$ 41.50 - EACH FACTORY REPRESENTATIVE
THE CHECK MUST BE SUBMITTED WITH APPLICATION
9. YOU MUST CONTACT THE SECRETARY OF STATE AT 401-222-3040, OR <http://www.state.ri.us>, TO REGISTER YOUR COMPANY OR CORPORATION TO DO BUSINESS IN THE STATE OF RHODE ISLAND.
10. UPON RECEIPT OF ALL OF THE ABOVE DOCUMENTATION AND THE COMPLETED APPLICATIONS WE WILL THEN PROCESS FOR APPROVAL. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE AT: 401-462-5732

IF ADDITIONAL FORMS ARE REQUIRED YOU MAY COPY THE PRESENT FORM.
ALL LICENSES ARE ISSUED ON A CALENDAR YEAR BASIS AND ALL EXPIRE ON DECEMBER 31ST OF EACH YEAR. ALL MANUFACTURERS, AND FACTORY REPRESENTATIVES NEED TO BE LICENSED TO HAVE THE RIGHT TO DO BUSINESS WITH LICENSED RHODE ISLAND DEALERS, PURSUANT TO RHODE ISLAND GENERAL LAWS 31-5-21 et seq. AND 31-5-1 et seq.

RESPECTFULLY SUBMITTED

John R. Strachan

ADMINISTRATOR
DIVISION OF MOTOR VEHICLES

DLR012 DATED 05-11-09



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OFFICE USE ONLY
LIC #:
CHECK #:
ISSUED:

APPLICATION FOR LICENSING OF MANUFACTURER

DATE: _____

1. Corporate Name: _____

2. d/b/a Name: _____

3. If incorporated, under what state's law _____ Date Incorporated: _____

If incorporated under the laws of another state, are you authorized to do business in the State of Rhode Island? YES _____ NO _____

Please attach a copy of your certificate of authority issued in Rhode Island

4. Business Address: _____

5. Telephone #: _____ Fax #: _____

6. Name of Division: _____

(Separate application for each division)

7. Are you connected with sales? _____ Parts? _____ Accessories? _____

8. What make of Motorized Vehicles? _____

(List only make for division on this application)

9. List Name, Address and Title of each owner, partner, director or corporate officer:

Name	Title	Residential Address
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10. Please list all the franchised Rhode Island dealers you hold franchise agreements with (only for franchise listed in this application):

Name/Dealers' license number	Address
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Print name: _____

Signature (in full) _____ Title: _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

NOTARY PUBLIC
Manufacturer license fee \$201.50

COMMISSION EXPIRES _____



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APPLICATION FOR LICENSING OF FACTORY REPRESENTATIVE

DATE _____

FULL NAME OF APPLICANT: _____

NAME OF COMPANY REPRESENTED: _____

DIVISION: _____

BUSINESS ADDRESS: _____

TEL#: _____ FAX#: _____

RESIDENCE: _____

TEL.#: _____

ARE YOU CONNECTED WITH SALES?: _____ PARTS?: _____

ARE YOU CONNECTED WITH
ACCESSORIES?: _____

HOW LONG HAVE YOU BEEN WITH YOUR PRESENT EMPLOYER?: _____

HOW LONG HAVE YOU BEEN IN YOUR PRESENT POSITION?: _____

PROOF OF AFFILIATION WITH THE ABOVE-NAME COMPANY MUST BE ATTACHED TO THIS APPLICATION.

APPLICANT'S SIGNATURE (IN FULL): _____

TITLE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY PUBLIC

COMMISSION EXPIRES

DISTRIBUTOR REPRESENTATIVE LICENSE FEE: \$41.50